Date Received

State of Maine Department of Professional & Financial Regulation Office of Licensing & Registration

BOARD OF REAL ESTATE APPRAISERS

35 State House Station Augusta ME 04333-0035 TEL (207) 624-8522 FAX (207) 624-8637 TTY (207) 625 8563

| Check #: _ | |
|------------|--|
| Amount: _ | |
| Cash #: _ | |

LICENSE APPLICATION

NOTICE: This application is a public record for purposes of the Maine Freedom of Access Law, 1 MRSA §401, et.seq. Public records must be made available to any person upon request. Your application for licensure is a public record and information that you supply as part of the application (other than your social security number) is public information. Other licensing records to which this information may later be transferred will also be considered public records. Your name, license number and the mailing address listed on your application will be available to the public and may be posted on our website.

Please make your check payable to TREASURER, STATE OF MAINE. All fees are non-refundable.

| | | LICENSE TYPE | APPLICATION REVIEW FEE | ORIGINAL LICENSE FEE | | TAL EES |
|---|---------------------------------|---|--|--|-------------|------------------------|
| | | REGISTERED APPRAISER TRAINEE (1425 \$200) (1446 \$50) | \$50.00 | \$ 200.00 | \$25 | 50.00 |
| | | LICENSED REAL ESTATE APPRAISER (1422 \$300) (1446 \$50) | \$50.00 | \$300.00 | \$35 | 50.00 |
| | | CERTIFIED RESIDENTIAL APPRAISER (1424 \$300) (1446 \$50) | \$50.00 | \$300.00 | \$35 | 60.00 |
| | | CERTIFIED GENERAL APPRAISER (1423 \$300) (1446 \$50) | \$50.00 | \$300.00 | \$35 | 50.00 |
| | | TEMPORARY LICENSE (1441 \$100) (1446 \$50) | \$50.00 | \$100.00 | \$15 | 50.00 |
| NAME:_ | | LAST | FIRST | | | |
| | | | | | | |
| DATEC | /F E | BIRTH: / / / / / / / / / / / / / / / / / / / | LEGAL RESIDENCE: | CIT | Y | STATE |
| The followir solely for Ta disclosed to be made of | ng sta x Ad the S your | atement is made pursuant to the Privacy Act of 1974§7(B). Distribution purposed pursuant to 36 M.R.S.A §175 as authoristate Tax Assessor or an authorized agent for use in determining Social Security Number and it shall be treated as confidential to MAILING ADDRESS: | isclosure of your Social Security Number is <u>ma</u> ized by the Tax Reform Act of 1975 (42U.S.C ng filing obligations and tax liability pursuant t | .§405(C)(2)(C)(1). \ o Title 36 Maine Rev | Your Social | Security Number will b |
| 20012 | | | PHONE: (| , | | (\M |
| BUSINES | S N | | PHONE. (| / | | (vv |
| STREET | or P | O. BOX | CITY | STA | ATE | ZIP |
| HOME N | ΜA | ILING ADDRESS: | | | | |
| STREET A | AD[| | PHONE: (|) | | (W |
| STREET | or P | O. BOX | CITY | ST | ATE | ZIP |

Page 2 Maine Board of Real Estate Appraisers License Application ☐ YES ☐ NO Have you ever been convicted of a crime by any court? If YES, please describe in detail, on a separate sheet, the date(s), crime(s), and submit a copy of the court judgment(s) as well as a letter from you explaining the circumstances surrounding your conviction. In which states (if any) do you hold a valid appraiser license? _________ Has any license you have ever held in this or any other state been suspended or revoked? YES NO Do you have a high school diploma or equivalent? YES **CHARACTER REFERENCES** List three (3) persons you have known for at least one year, not related to you, who will attest to your reputation for honesty, truthfulness, fair dealing and competency. Name:______ Phone: _____ 1. Address:______ Signature of Endorser: ______ 2. Name:______Phone: ______ Address: Signature of Endorser: ______ Name:_____Phone: _____ 3. Address:_____ Signature of Endorser: _______ NOTARIZATION OF APPLICATION ALL APPLICATIONS MUST BE NOTARIZED The undersigned, in making this application, swears (or affirms) that he/she is the applicant named herein and that all information provided in connection with this application is true to the best of his/her knowledge and belief, with the understanding that any omissions, inaccuracies or failure to make full disclosures may be deemed sufficient reason to suspend or revoke a license or certification issued by the Board. The undersigned applicant further authorizes all law enforcement agencies and officials thereof to release to the Maine State Board of Real Estate Appraisers any and all criminal history record information pertaining to said applicant. Signature of Applicant: Sworn and subscribed to before me this ______ day of ______, 20 _____, 20 _____ **Signature of Notary Public** Printed Name of Notary Public My Commission expires ______ State _____ State _____